

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/594532

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2						
3						
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8						
9						
10						
11				2		
12			1			
13				1		
14				1		
15				2		
16				2		
17				1		
18				1		
19				1		
20			1			
21				1		
22				1		
23				2		
24				2		
25				1		
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50						
TOTAL IND.		↓	3	↓		↓
TOTAL DEP.		←	29	←		←
TOTAL CLAIMS			32			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						